

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** December 19, 2003

**RE: MDR Tracking #:** M2-03-1657-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 2. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant has a history of chronic thoracic back pain allegedly related to a work compensable injury that occurred on or about \_\_\_.

### **Requested Service(s)**

Purchase of R54i stimulator.

### **Decision**

I agree with the insurance carrier that the requested purchase of durable medical equipment is not medically necessary.

### **Rationale/Basis for Decision**

Generally long term use of a stimulator is appropriate when there has been at least a two month trial to determine effectiveness and significantly increase in range of motion, decrease in use of pain medication and increase in functional capacity with a decrease in the need for use of other medical services. Generally prior to initiating the use of the stimulator, the physician should document current range of motion, current use of pain medication, and current functional capacity. Prior to any extension of the use, these objective factors should be measured again. Upon review of all clinical documentation provided, there is no objective documentation of a successful clinical trial. Review of a prescription dated 03/26/03 indicates in treatment plan that the indications include prevention or retardation of disuse atrophy and maintenance or increasing range of motion.

Upon review of a follow-up clinic note dated 05/23/03 there is no documentation under patient progress of muscle circumference or range of motion measurements to indicate objectively any significant improvement with the use of durable medical equipment. Notwithstanding a lack of documentation of successful clinical trial using this durable medical equipment, control studies indicate interferential stimulation and TENS have no significant effect on nociceptive response (ARCH Phys, Med, Rehabil. 2000 MAR, 81 (3): 324-33).

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions**, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.